

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90097 010 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 726727
 1. Corporation Name
 La Avenida Del Lago Condominium Association

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| Principal Place of Business 1860 Forest Hill Blvd Suite 105 WPB, FL 33406 | Mailing Address 1860 Forest Hill Blvd. Suite 105 WPB, FL 33406 |
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| 2. Principal Place of Business 211 Lake Avenue Suite, Apt. #, etc. Lake Worth, FL Zip 33460 | 2a. Mailing Address 26 Kirk Grantham P.A. Suite, Apt. #, etc. Suite 105 27 1860 Forest Hill Blvd City & State WPB, FL 28 Zip 33406 | 3. Date Incorporated or Qualified 6/12/73 | 4. FEI Number 59-1670543 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | 8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | | |

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| 9. Name and Address of Current Registered Agent Kirk Grantham 1860 Forest Hill Blvd. Suite 105 West Palm Beach, FL 33406-6086 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE President Treasurer & Director Kirk Grantham 1860 Forest Hill #105 WPB FL 33406 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE Vice President & Secretary Beverly Wynn & Director 211 Lake Avenue #2 Lake Worth, FL 33460 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE Mrs. Linda Taft Director 3570 S. Ocean Blvd. South Palm Beach, FL 33480 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE Mr. John Taft Director 3570 South Ocean Blvd. South Palm Beach, FL 33480 | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE Sue Ireland Director 6345 Shinnecock Lane Lake Worth, FL 33463 | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 2/2/99 Daytime Phone #: 561 966 624

CR2E037 (11/98)